



C-108 APPLICATION FOR AUTHORIZATION TO INJECT ADMINISTRATIVE COMPLETENESS FORM

Well Name: _____

Applicant: _____

Action ID: _____

Admin. App. No: _____

| C-108 Item | Description of Required Content | Yes | No | N/A |
|--------------------------------|---|-----|----|-----|
| I. PURPOSE | Selection of proper application type. | | | |
| II. OPERATOR | Name; address; contact information. | | | |
| III. WELL DATA | Well name and number; STR location; footage location within section. | | | |
| | Each casing string to be used, including size, setting depth, sacks of cement, hole size, top of cement, and basis for determining top of cement. | | | |
| | Description of tubing to be used including size, lining material, and setting depth. | | | |
| | Name, model, and setting depth of packer to be used, or description of other seal system or assembly to be used. | | | |
| | Well diagram: Existing (if applicable). | | | |
| | Well diagram: Proposed (either Applicant's template or Division's Injection Well Data Sheet). | | | |
| IV. EXISTING PROJECT | For an expansion of existing well, Division order number authorizing existing well (if applicable). | | | |
| V. LEASE AND WELL MAP | AOR map identifying all wells and leases within 2 mile radius of proposed well, and depicting a 1/2 mile radius circle around any another projected injection well and a 1 mile radius circle around any other projected injection well in the Devonian formation. | | | |
| VI. AOR WELLS | Tabulation of data for all wells of public record within AOR which penetrate the proposed injection zone, including well type, construction, date drilled, location, depth, and record of completion. | | | |
| | Schematic of each plugged well within AOR showing all plugging detail. | | | |
| VII. PROPOSED OPERATION | Proposed average and maximum daily rate and volume of fluids to be injected. | | | |
| | Statement that the system is open or closed. | | | |
| | Proposed average and maximum injection pressure. | | | |
| | Sources and analysis of injection fluid, and compatibility with receiving formation if injection fluid is not produced water. | | | |
| | A chemical analysis of the disposal zone formation water if the injection is for disposal and oil or gas is not produced or cannot be produced from the formation within 1 mile of proposed well. Chemical analysis may be based on sample, existing literature, studies, or nearby well. | | | N/A |
| VIII. GEOLOGIC DATA | Proposed injection interval, including appropriate lithologic detail, geologic name, thickness, and depth. | | | |
| | USDW of all aquifers <u>overlying</u> the proposed injection interval, including the geologic name and depth to bottom. | | | |
| | USDW of all aquifers <u>underlying</u> the proposed injection interval, including the geologic name and depth to bottom. | | | |



C-108 (SWD) APPLICATION FOR AUTHORIZATION TO INJECT ADMINISTRATIVE COMPLETENESS FORM

Well Name: _____

Applicant: _____

Action ID: _____

Admin. App. No: _____

| C-108 Item | Description of Required Content | Yes | No | N/A |
|-----------------------------------|---|-----|----|-----|
| IX. PROPOSED STIMULATION | Description of stimulation process or statement that none will be conducted. | | | |
| X. LOGS/WELL TESTS | Appropriate logging and test data on the proposed well or identification of well logs already filed with OCD. | | | |
| XI. FRESH WATER | Chemical analysis of fresh water from two or more fresh water wells (if available and producing) within 1 mile of the proposed well, including location and sampling date(s). | | | |
| XII. AFFIRMATION STATEMENT | Statement of qualified person endorsing the application, including name, title, and qualifications. | | | N/A |
| XIII. PROOF OF NOTICE | Identify of all "affected persons" identified on AOR map in Section V, including all affected persons within 1/2 mile radius circle around any another projected injection well and a 1 mile radius circle around any other projected injection well in the Devonian formation. | | | N/A |
| | Identification and notification of all surface owners. | | | N/A |
| | BLM and/or NMSLO notified per 19.15.2.7(A)(8)(d) NMAC. | | | N/A |
| | Notice of publication in local newspaper in county where proposed well is located with the following specific content: | | | N/A |
| | <ul style="list-style-type: none"> Name, address, phone number, and contact party for Applicant; | | | N/A |
| | <ul style="list-style-type: none"> Intended purpose of proposed injection well, including exact location of single well, or the section, township, and range location of multiple wells; | | | N/A |
| | <ul style="list-style-type: none"> Formation name and depth, and expected maximum injection rates and pressures; and | | | N/A |
| | <ul style="list-style-type: none"> Notation that interested parties shall file objections or requests for hearing with OCD no later than 15 days after the admin completeness determination. | | | N/A |
| XIV. CERTIFICATION | Signature by operator or designated agent, including date and contact information. | | | |

Review Date*:

Reviewer:

☐ Administratively COMPLETE

☐ Administratively INCOMPLETE

NOTES:

* The Review Date is the date of administrative completeness determination that commences the 15 day protest period in 19.15.26.8 (C)(2) NMAC.



FORM C-108 Technical Review Summary [Prepared by reviewer and included with application; V17]

DATE RECORD: First Rec: _____ **Admin Complete:** _____ **or Suspended:** _____ Add. Request/Reply: _____

ORDER TYPE: _____ **Number:** _____ **Order Date:** _____ **Legacy Permits/Orders:** _____

Well No. _____ Well Name(s): _____

API : 30-0 _____ Spud Date: _____ New or Old (EPA): _____ (**UIC Class II Primacy 03/07/1982**)

Footages _____ Lot _____ or Unit _____ Sec _____ Tsp _____ Rge _____ County _____

Latitude: _____ Longitude _____ Pool: _____ Pool No.: _____

Operator: _____ OGRID: _____ Contact: _____ Email: _____

COMPLIANCE RULE 5.9: Total Wells: _____ Inactive: _____ **Fincl Assur:** _____ Compl. Order? _____ **IS 5.9 OK?** _____ **Date:** _____

WELL FILE REVIEWED Current Status: _____

WELL DIAGRAMS: NEW: Proposed ☐ or **RE-ENTER:** Before Conv. ☐ After Conv. ☐ Logs in Imaging: _____

Planned Rehab Work to Well: _____

| Well Construction Details | | Sizes (in) Borehole / Pipe | Setting Depths (ft) | Cement Sx or Cf | Cement Top and Determination Method |
|--|-------------|---------------------------------|------------------------|---|--|
| Planned _____ or Existing _____ Surface | | | Stage Tool | | |
| Planned _____ or Existing _____ Interm/Prod | | | | | |
| Planned _____ or Existing _____ Interm/Prod | | | | | |
| Planned _____ or Existing _____ Prod/Liner | | | | | |
| Planned _____ or Existing _____ Liner | | | | | |
| Planned _____ or Existing _____ OH / PERF | | | Inj Length | Completion/Operation Details: | |
| Injection Lithostratigraphic Units: | Depths (ft) | Injection or Confining Units | | Tops | |
| Adjacent Unit: Litho. Struc. Por. | | | | Drilled TD _____ PBTD _____ | |
| Confining Unit: Litho. Struc. Por. | | | | NEW TD _____ NEW PBTD _____ | |
| Proposed Inj Interval TOP: | | | | NEW Open Hole _____ NEW Perfs _____ | |
| Proposed Inj Interval BOTTOM: | | | | Tubing Size _____ in. Inter Coated? _____ | |
| Confining Unit: Litho. Struc. Por. | | | | Proposed Packer Depth _____ ft | |
| Adjacent Unit: Litho. Struc. Por. | | | | Min. Packer Depth _____ (100-ft limit) | |
| AOR: Hydrologic and Geologic Information | | | | Proposed Max. Surface Press. _____ psi | |
| | | | | Admin. Inj. Press. _____ (0.2 psi per ft) | |
| POTASH: R-111-P _____ Noticed? _____ BLM Sec Ord WIPP _____ Noticed? _____ Salt/Salado T: _____ B: _____ NW: Cliff House fm _____ | | | | | |
| USDW: Aquifer(s) _____ Max Depth _____ HYDRO AFFIRM STATEMENT By Qualified Person | | | | | |
| NMOSE Basin: _____ CAPITAN REEF: thru _____ adj _____ NA _____ No. GW Wells in 1-Mile Radius? _____ FW Analysis? _____ | | | | | |
| Disposal Fluid: Formation Source(s) _____ Analysis? _____ On Lease <input type="radio"/> Operator Only <input type="radio"/> Commercial <input type="radio"/> | | | | | |
| Disposal Interval: Inject Rate (Avg/Max BWPD): _____ Protectable Waters? _____ Source: _____ System: Closed or Open | | | | | |
| HC Potential: Producing Interval? _____ Formerly Producing? _____ Method: Logs /DST /P&A /Other _____ 2-Mi Radius Pool Map _____ | | | | | |
| AOR Wells: 1/2-M _____ or ONE-M _____ RADIUS MAP/WELL LIST: Total Penetrating Wells: _____ [AOR Hor: _____ AOR SWDs: _____] | | | | | |
| Penetrating Wells: No. Active Wells _____ No. Corrective? _____ on which well(s)? _____ Diagrams? _____ | | | | | |
| Penetrating Wells: No. P&A Wells _____ No. Corrective? _____ on which well(s)? _____ Diagrams? _____ | | | | | |
| Induced-Seismicity Risk Assess: analysis submitted _____ historical/catalog review _____ fault-slip model _____ probability _____ | | | | | |
| NOTICE: 1/2-M _____ or ONE-M _____ : Newspaper Date _____ Mineral Owner* _____ Surface Owner _____ N. Date _____ | | | | | |
| RULE 26.7(A): Identified Tracts? _____ Affected Persons*: _____ N. Date _____ | | | | | |
| * new definition as of 12/28/2018 [any the mineral estate of United States or state of New Mexico; SWD operators within the notice radius] | | | | | |

Order Conditions: Issues: _____

Additional COAs: _____

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/oed/contact-us>

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 434222

CONDITIONS

| | |
|---|--|
| Operator: OCCIDENTAL PERMIAN LTD P.O. Box 4294 Houston, TX 772104294 | OGRID: 157984 |
| | Action Number: 434222 |
| | Action Type: [IM-SD] Admin Order Support Doc (ENG) (IM-AAO) |

CONDITIONS

| Created By | Condition | Condition Date |
|----------------|-----------|----------------|
| anthony.harris | None | 2/21/2025 |